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ABSTRACT

This study reexamined investigations by M. Erickson, W. Miller and W. Keirn, who tested a "stress reaction hypothesis" by comparing MMPI (Minnesota Multiphasic Personality Inventory) profiles of 25 fathers of mentally retarded (MR), emotionally and behaviorally disturbed (ED), and non-clinic (N) children (6-16 years old). The finding of the earlier studies that fathers of young MR and ED children do not differ was not fully confirmed when fathers of children aged 6-16 years were sampled. Results indicated that an overall difference did exist among the three groups but did not reach clinical significance. Most differences found were between fathers of ED and MR children. The earlier conclusion that fathers of young ED and MR children are likely more stressed than those of N children was not confirmed with samples of fathers of older children. (Author/CL)

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TITLE: Personality Measurement in Fathers of Mentally Retarded and Emotionally Disturbed Children

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ABSTRACT

Reexamined studies by Erickson (1968, 1969) and Miller and Keirn (1978), who tested a "stress reaction hypothesis" by comparing MMPI profiles of fathers of mentally retarded (MR), emotionally and behaviorally disturbed (ED), and non-clinic (N) children. The finding of the earlier studies that fathers of young MR and ED children do not differ was not fully confirmed when fathers of children aged 6-16 years were sampled. Results indicated that an overall difference did exist among the three groups but did not reach clinical significance. Most differences found were between fathers of ED and MR children. The earlier conclusion that fathers of young ED and MR children are likely more stressed than those of N children was not confirmed with samples of fathers of older children.

Personality Measurement in Fathers of Mentally Retarded and Emotionally Disturbed Children

Fathers have gained relatively little attention in psychological research (Greenberg & Morris, 1974; Howells, 1969; Nash, 1965). All too frequently the "parents" referred to in studies are, in fact, mothers, and the "parental perceptions" are actually mothers' perceptions. This oversight has extended to fathers of mentally retarded children. Price-Bonham and Addison (1978, p. 221) noted that "...parents discussed in mental retardation literature are primarily white mothers of young and low functioning retarded children who are consumers of outpatient diagnostic or inpatient clinic services." Few persons have studied the special impact the retarded child has had on the father (Cummings, 1976; Fowle, 1968; Gath, 1977; Gumz & Gubrium, 1972; Solnit & Stark, 1961).

One context in which fathers of mentally retarded children have been studied is the interplay between deviance of children and maladjustment of their parents. Erickson (1968) hypothesized that maladjustment observed among parents of deviant children, whether mentally retarded or emotionally disturbed, is not a cause but a product of their child's deviance. According to her

stress reaction hypothesis, parents of mentally retarded (MR) and emotionally disturbed (ED) children manifest comparable maladjustment to similar stresses and a comparably greater level of maladjustment than do parents of non-deviant (N) children. Erickson (1968, 1969) and Miller and Keirn (1978) applied the stress reaction hypothesis to fathers as well as mothers. Support for the hypothesis was less clear for fathers than for mothers. Erickson found that when compared with a normative sample, fathers of MR and ED children were more impulsive and evidenced a wider range of interests, but other differences from the normative sample were not the same for the MR and ED samples. Miller and Keirn could not detect any significant differences among the three groups of fathers.

This study extended investigations by Erickson (1968, 1969) and Miller and Keirn (1978) in two ways. First, fathers were of older children, with mean age of 10 years. In Erickson's studies, children in the MR and ED samples were 3 years old or less. Miller and Keirn sampled from families having children with mean age of 6 years. Second, assessment of fathers of MR and ED children was with few exceptions made well after they brought their children to a clinic for evaluation. Earlier tests of the stress reaction hypothesis had used

assessment of fathers of MR and ED children only when they were taking their child for evaluation and, by implication, were more likely experiencing some stress themselves.

Materials and Methods

Subjects

We studied 3 samples of 25 biological fathers, respectively, of MR, ED and N children aged 6 to 16. Each father had intact family status, that is, was living with his wife and children in the same dwelling at the time of the study. All but 3 were white. Each voluntarily signed an informed consent form to be included in this study.

The MR group was selected first. It comprised fathers of children who had been evaluated by a children's rehabilitation institute within a 4-year period due to developmental disability. Of the 198 children diagnosed as mildly or moderately retarded according to AAMD criteria, only 96 children living with their biological father with intact family status had been diagnosed by the institute's interdisciplinary team. Of the 96 MR sample families contacted, 33 (34%) responded. Further exclusion was based on (1)

incomplete return (2), (b) validity scales of MMPI not all within one standard deviation of general population mean (1), and (c) other medical/psychiatric confounding problems such as severe multiple physical handicaps, autism, and Down's syndrome (5). Children with multiple physical handicaps or autism were excluded because these conditions in themselves might cause a stress reaction. Exclusion of the child with Down's syndrome was consistent with the relative under-representation of that etiology among mentally retarded registrants at the rehabilitation institute. The remaining group was 25. Mean number of months from registration of the child at the rehabilitation institute to assessment of father for this study was 28.7 (SD = 20.3). Retardation had been judged mild for 18 children and moderate for 7. Fifteen children also had one or more diagnosed medical problems including speech (12), cerebral palsy (4), vision (2), and hearing (1).

ED and N groups were then selected and matched as closely as possible with the MR group. In both instances, sampling was continued until 25 cases were successfully matched as described below.

The ED group comprised fathers of children who had been registered for services through a children's psychiatric institute within a 4-year period due to

emotional/behavioral problems. Of 313 children, 89 had not been diagnosed as mentally retarded and were presumed living with their biological father with intact family status. All 89 were contacted. Of the 44 (49%) responding, 11 lacked intact family status, 6 lacked a valid MMPI (See criteria above for MR fathers), 1 was incomplete, and 1 had a retarded child. The resulting group was 25. Mean number of months from registration of child at the psychiatric institute to assessment of father for this study was 16.5 (SD = 18.0). Diagnosis of children by psychiatrists using Diagnostic and Statistical Manual of Mental Disorders (DSM-II, 1968; DSM-III, 1980) criteria had included disorders of adjustment (5), anxiety (5), affect (4), eating (3), conduct (3), attention deficit (2), development (2), and other with physical manifestation (1).

Selection of the N group entailed use of one urban (population: 350,000) school directory of 374 children and one rural (population: 3,385) school list of 59 children provided by 2 Nebraska school districts. None were in a special education program. Children of both districts were grouped by age in years, and each age group was then randomly ordered. Contacting 28 urban and 25 rural fathers allowed: (a) approximate match with MR fathers by child's age and urban/rural status,

(b) assurance that all children were living with biological fathers with intact family status, (c) valid MMPI profile of 25 fathers, and (d) exclusion of all children who had ever been found to have either mental retardation or an emotional disorder. Return rate of the 53 was 70%. Of the 36 fathers responding, one lacked intact family status, four had invalid MMPI profiles (See criteria above for MR fathers), and the final six were identified after the sample of 25 was determined.

Table 1 gives additional sample characteristics.

Insert Table 1 about here

Procedure

Fathers were solicited by letter and subsequent telephone contact. A K-corrected MMPI profile and completed background-information form were obtained from each father. The MMPI was used to measure possible stress reaction since this was the instrument used by Erickson (1968, 1969) and Miller and Keirn (1978). Statistical analyses were made by use of Statistical Package for the Social Sciences (Hull & Nie, 1981).

Results

For each of the 3 groups, the mean value of each of the 3 validity scales and 10 clinical scales of the MMPI was within one standard deviation of the general population mean.

Insert Figure 1 about here

It was possible that significance of any differences among the MR, ED, and N groups on the 13 MMPI scales considered collectively was due to extraneous variables. To test for this possibility, a multiple regression analysis was calculated with the following: urban/rural, social status, sex of child, age of child, education of father, and number of of children. A significant ($p < .05$) level of association was found between the 13 MMPI scales considered collectively and both social status ($R = .55$, $F(13, 61) = 2.01$) and education of father ($R = .57$, $F(13, 61) = 2.27$). Therefore, these two variables were applied as covariates in MANOVAs and ANOVAs to control statistically for their potentially confounding contribution to any significant results. Significant differences among MR, ED, and N were found after partialing out variability due to social status (Wilks' $\lambda = .71$, $F(13,59) = 1.90$, $p < .05$) and education (Wilks'

λ= .65, $F(13,59) = 2.40$, $p < .01$). ANOVAs with social status as covariate indicated that differences among groups were present on L (lie) ($F(2,71) = 4.68$, $p < .01$), Mf (masculinity/femininity; $F(2,71) = 8.97$, $p < .001$), and Ma (hypomania; $F(2,71) = 6.19$, $p < .01$). With education as covariate, differences were found on L ($F(2,71) = 4.44$, $p < .05$), Mf ($F(2,71) = 9.73$, $p < .001$), Sc (schizophrenia; $F(2,71) = 3.19$, $p < .05$), and Ma ($F(2,71) = 6.85$, $p < .01$).

Determining significant differences among MR, ED, and N that remained after partialing out the potentially confounding effects of social status and education of fathers, left the question of what did the differences mean. Use of mean MMPI profiles has been criticized on on empirical and conceptual grounds (Snyder, et. al., 1982). Therefore, clarification of two types was sought. One consideration was possible difference among groups in terms of number of fathers with pathological profiles. The criterion used to determine presence of maladjustment was the presence of one clinical scale (excluding Mf) equal to or greater than 70. Comparing incidence of maladjustment showed a non-significant ($p > .05$) difference among the three groups of fathers, $\chi^2(2) = 1.07$.

A second way to extend analysis of group results was by use of clinical subscales. Subscales of Mf (five Serkownek subscales; see Graham, 1977), Sc, and Ma (eleven Harris-Lingos subscales; see Graham, 1977) were also analyzed by ANOVAs and *a posteriori* t-tests of contrasts with $p < .05$. ED exceeded MR on Sc1b (emotional alienation), Sc2b (lack of ego mastery, conative), Sc2c (defective inhibition), Ma2 (psychomotor acceleration), and Ma3 (imperturability). ED exceeded N on Sc1b. N exceeded MR on Sc2a (lack of ego mastery, cognitive) and Ma2, but was less than MR on Mf4 (heterosexual discomfort-passivity).

Discussion

Results of this study suggest that fathers of latency aged MR, ED, and N children differ and that most differences are between MR and ED fathers. Differences do not appear due to any of a variety of extraneous factors considered. Results do not seem to reflect differences in level of distress or other disturbance. Specifically, Erickson's (1968) stress reaction hypothesis was not supported in that MR and ED fathers were not found to be like each other and more disturbed than N fathers. Interpretation of subscale differences suggested that as a group, MR fathers were most comfortable and content within themselves relative to

the general population. Relative to MR fathers, ED fathers seemed more comfortable with themselves as social beings. Overall, subscale values were sufficiently lacking in elevation as to give reason for one to be cautious in interpreting the differences that were found among the three groups of fathers.

Differences in conclusions of this and studies by Erickson (1968, 1969) and Miller and Keirn (1978) should be seen in the context of two types of factors. One is the greater age of children of the fathers sampled in this study, together with the interval between their application for service and inclusion in this study. Fathers previously studied likely were still dealing with novelty shock, value conflict or reality stress issues (Menolascino, 1977), and/or with the developmental crisis associated with the prospect of their child's beginning school with a label different from "normal" (Wikler, Wasaw, & Hatfield, 1981). In contrast, fathers sampled in this study likely benefited from the longer period of access their children had to various programs of assistance. In addition, latency aged children are in a developmental period generally regarded as more free of conflict than those before and after it (Erikson, 1963).

A second factor distinguishing this study from those of Erickson (1968, 1969) and Miller and Keirn (1978) has to do with interpretation of MMPI results. There is a need to be cautious in inferring greater pathology from differences in mean MMPI profiles. This study demonstrated that differences found among samples of MR, ED, and N fathers do not seem due to different incidence of psychopathology. Also, interpretation of differences among mean MMPI scale values can be facilitated by consideration of subscales. The application of that procedure in this study gives reason to reject the interpretive conclusion reported previously (Erickson, 1968, 1969) that fathers of MR and ED children are characterized by acting out impulses and associated aggressive feelings.

Ideally, longitudinal studies would be used to determine if parental MMPI profile elevations develop as a reaction to children's deviance or if they predate the existence of those problems (Lachar & Sharp, 1979). The same methodology could determine the extent to which the few differences evident among fathers when their children are young, persist as their children grow into latency and adolescence. Finally, we need to be cautious not to construe differences necessarily in terms of pathology. Results of this study suggest that

MR fathers' overall perception of their child was positive rather than stressful. It may be time to address questions related to parental satisfactions as well as to the deleterious effect that a mentally retarded child is sometimes presumed to have on parental functioning.

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Table 1

Sample Characteristics

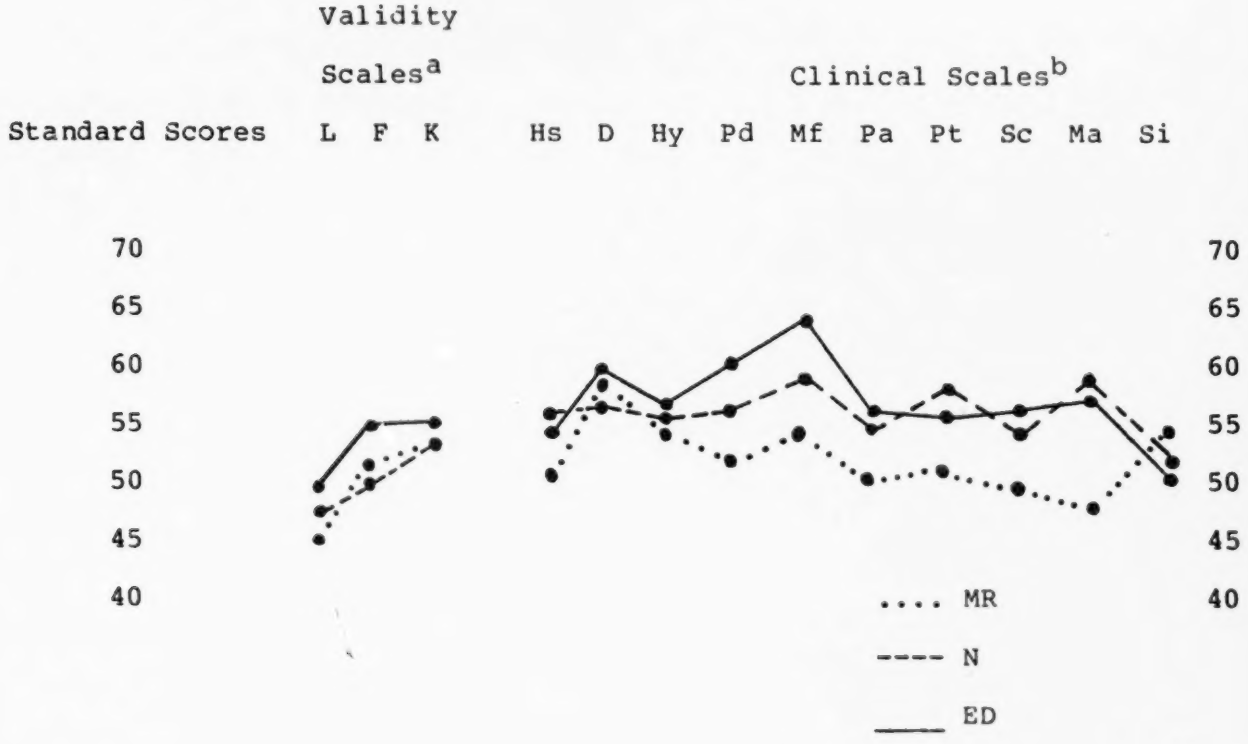
Variable	MR group (n = 25)	ED group (n = 25)	N group (n = 25)
Age father in years	37.76	40.96	39.04
Number of sibs	1.64	1.56	1.36
Age of child in years	9.28	11.20	8.80
Social status	45.32	40.48	42.00
Education of father in years	14.04	13.32	13.64
Church attendance	1.88	2.08	1.60
Sex of child			
Male	15 (60%)	18 (72%)	12 (48%)
Female	10 (40%)	7 (28%)	13 (52%)
Employment status of fathers			
Employed outside home	20 (80%)	19 (76%)	18 (72%)
Self-employed	4 (16%)	4 (16%)	6 (24%)
Unemployed	1 (4%)	2 (8%)	1 (4%)

(table continues)

Variable	MR group (n = 25)	ED group (n = 25)	N group (n = 25)
Urban	12 (48%)	17 (68%)	10 (40%)
Rural	13 (52%)	8 (32%)	15 (60%)

Note. MR = fathers of children mildly or moderately retarded but not emotionally disturbed; ED = fathers of children with a psychiatric diagnosis excluding mental retardation; N = fathers of children neither mentally retarded nor emotionally disturbed. Social status was based on Hollingshead's Four Factor Index (1975) with ranges of 8 to 66. Church attendance was based on a scale of 1 = regular, 2 = occasional, 3 = seldom and 4 = never. Urban was defined as the Omaha and Lincoln, Nebraska, greater metropolitan areas. Rural was defined as all the other living areas in Nebraska. Comparisons of groups by F or χ^2 statistic, as indicated, were all non-significant ($p > .05$) except as noted otherwise.

[a] $F(2,72) = 5.53$, $p < .01$.



Note. MMPI = Minnesota Multiphasic Personality Inventory. MMPI scores are K corrected. MR = fathers of children mildly and moderately retarded, but not emotionally disturbed; ED = fathers of children with a psychiatric diagnosis excluding mental reatardation; N = fathers of children neither mentally retarded nor emotionally disturbed. For each scale, a standard score of 50 is the mean score for the general population.

[a] L = lie; F = infrequency; K = correction

[b] Hs = hypochondriasis; D = depression; Hy = conversion hysteria; Pd = psychopathic deviate; Mf = masculinity-femininity; Pa = paranoia; Pt = psychasthenia; Sc = schizophrenia; Ma = hypomania; Si = social introversion.

Figure Captions

Figure 1. MMPI Profiles of Fathers of MR, ED, and N children